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CONFIRMATION NO. 5626

<b>SERIAL NUMBER</b> 10/563,909	<b>FILING OR 371(c) DATE</b> 01/10/2006 <b>RULE</b>	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3767	<b>ATTORNEY DOCKET NO.</b> 4017-41
<b>APPLICANTS</b> Marco Pirovano, Milano, ITALY; Stefania Improta, Roma, ITALY; <i>CBM</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/IB04/02245 07/09/2004				
<b>** FOREIGN APPLICATIONS *****</b> ITALY MO2003A000201 07/11/2003 <i>CBM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **</b> ** 04/13/2006				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CBM</i>		<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 37
Verified and Acknowledged Examiner's Signature _____ Initials _____		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> 23117				
<b>TITLE</b> System of infusion of pharmacological solutions				
<b>FILING FEE RECEIVED</b> 875	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	